SUBMIT- COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

OCT 1 4 2021

Bayfield Co. Planning and Zoning Agency

Permit #:	81-0378
Date:	11-4-2021
Amount Paid:	100,00
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.

checks are made payable to. Bayneld County Zoning Department.	
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED	TO

DO NOT START CO	NSTRUCTIO	N UNTIL	ALL PERMITS	HAVE BEEN ISSU	ED TO	APPLICANT.	Origina	al Applica	ition ML	IST be subi	mitted	FILL	OUT IN INK	NO PE	NCIL)
TYPE OF PERMIT	REQUES	TED-	U	LAND USE	Colonia Colonia	CONDUCTOR OF STATE OF	PRIVY	□ coi	NOITION	IAL USE	☐ SPECIA	L USE	□ B.O.A.	ОТН	ER
Owner's Name: V	LD V	MIRE	FLESS			Mailing Address: P.O. BOX 586 City/State/Zip: BAYFIELD,						WI 5	54814	Teleph 715-	hone: 280-1910
Address of Property: 26905 EAGLE ISLAND RD					City/State/Zip: BAYFIELD, WI 54814								1	1292-4511	
Contractor: BAYFIELD WIRELESS					5-280-15		Plu	mber:					-	er Phone:	
Authorized Agent:	(Person Sig	gning Appli	cation on beha	If of Owner(s))	Ag	gent Phone:		Ag	ent Maili	ng Address	(include Cit	y/State/	Zip):	Writte	
MIKE C	APIV	EAU			7	15-280-	1910	4	SAM	E				Attach	rization ned Mo
PROJECT LOCATION	Legal	l Descrip	tion: (Use T	ax Statement)		Tax ID#	543	34				Record	ded Document: 용용교	(Showing	g Ownership)
NE _{1/4,}	SE	1/4	Gov't Lot	Lot(s)	CSIV	1 Vol & Pa	ge CS	M Doc#	L	ot(s) #	Block #	Subdiv	vision:		
Section 17	, Tow	nship.	N, F	Range 5	w	Tov	wn of:	BAYF	IEL	D	9	Lot Siz	e	Acr	9.81
	□ Is	Property	/Land withi	n 300 feet of R			itermittent)	Dista			om Shorelir	ne :	Is your Prope	erty	Are Wetlands
☐ Shoreland —				of Floodplain?		If yesconti						feet	in Floodplai Zone?	n	Present?
	□ Is	Property	/Land withi	n 1000 feet of		Pond or Flow If yesconti		- 1	nce Stru	cture is fro	om Shorelir	0.00	☐ Yes		□ Yes
Non-Shoreland						ii yes contin	iue					feet	No		INO
Non-Shoreland															
Value at Time								Tot	al # of	- Lektr	W	hat Ty	ne of		Type of
of Completion * include		Projec		Project		Projec	t		rooms						Water
donated time		rrojec		# of Storie	es	Foundat	ion		on Is on			the property or			on
& material								pro	perty	sai e	Will be	on the	property?		property
	New	Constru	ıction	☐ 1-Story		☐ Basem	ent		1	_	nicipal/Cit				☐ City
Š. –	□ Addi	tion/Alt	teration	☐ 1-Story - Loft	+	Founda	ation	☐ 2 (New) Sanita		w) Sanitar	ry Specify Type:			W ell	
15,000	□ Conv			☐ 2-Story		□ Slab			Sanitary (Exists)			s) Specify Type:			NA
			sting bldg)	TOWE	R	□ □ Privy (Pit)							ulted (min 200	0 gallon)
		a Busine	ess on			Use None Dortable (w/se									
	Prop	erty				Year Round Compost To						et		_	
										Nor	ie				
Existing Structu	re: (if add	lition, alte	eration or bu	siness is being a	pplied	for) Len	gth:			Width:			Height		
Proposed Const	truction:	(overa	II dimension	is)		Len	gth:	10		Width:	10		Height		91
Proposed L	Jse	1				Propose	d Structi	ure				D	imensions		Square
	10		Principal	Structure (fi	rst str	ucture on p	roperty)			andreas (m. 1965)	(Х)	Footage
			Residenc	e (i.e. cabin, l	nuntir	ng shack, et	2.)					(Х	,	
☐ Residentia	l Use			with Loft								(Х)	
	. 000			with a Por								(Х)	
				with (2 nd)		1						(Х)	
				with a Dec		*						(X)	
Commercia	al Use			with (2 nd)								(X		
				with Attac								(Х	<u>'</u>	
				se w/ (□ sanit			quarters	s, <u>or</u> 🗌 co	ooking &	food prep	facilities)	(Х)	
_				ome (manufac								(Х)	
Municipal	Use	e Addition/Alteration (explain)								(X)			

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County in this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described of the purpose of inspection.

Owner(s):

Owner(s): (If there are Multiple Owners

П

whers listed on the Deed <u>All</u> Owners must sign <u>or</u> letter(s) of authorization must accompany this application)

BUX 586, BAYFIELD,

Accessory Building Addition/Alteration (explain)

Other: (explain) BROAD BAND

Accessory Building (explain)

Special Use: (explain)

Conditional Use: (explain)

Authorized Agent:

u are signing on behalf of the owner(s) a letter of authorization must accompany this application)

)

)

100

100

X

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Attach

Copy of Tax Statement If you recently purchased the property send your Recorded Deed

Original Application MUST be submitted

COMMUNICATIONS TOWER

In the box below: Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink - NO PENCIL

(1) Show Location of: **Proposed Construction**

(2)Show / Indicate: North (N) on Plot Plan

(3) Show Location of (*): (4) Show:

(*) Driveway and (*) Frontage Road (Name Frontage Road)

Show: (5)

All Existing Structures on your Property

(6) Show any (*): (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(7) Show any (*):

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%

SEE ATTACHED PLAN SET

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measureme			Description	Setb Measure		
Setback from the Centerline of Platted Road	95	Feet		Setback from the Lake (ordinary high-water mark)		Feet	
Setback from the Established Right-of-Way	62 E	Feet	m e	Setback from the River, Stream, Creek	-	Feet	
				Setback from the Bank or Bluff		Feet	
Setback from the North Lot Line	62 47	Feet	12				
Setback from the South Lot Line	1180	Feet		Setback from Wetland		Feet	
Setback from the West Lot Line	475	Feet		20% Slope Area on the property	☐ Yes	□ No	
Setback from the East Lot Line	275	Feet		Elevation of Floodplain		Feet	
Setback to Septic Tank or Holding Tank	250	Feet	113	Setback to Well	280	Feet	
Setback to Drain Field	260	Feet					
Setback to Privy (Portable, Composting)		Feet					
Prior to the placement or construction of a structure within ten (10) t	eet of the minimum require	ad sathack t	the h	oundary line from which the setback must be measured must be visible from or	e previously survey	ed corner to the	

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

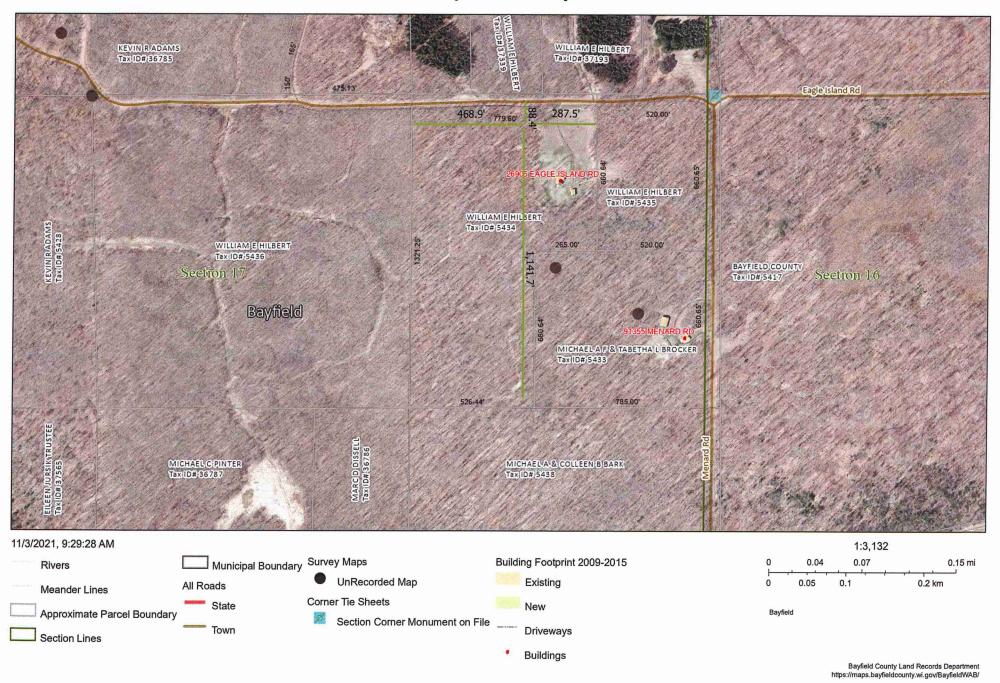
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:	7-1225	# of bedrooms: 3	Sanitary Date: 10 - 10 - 17							
Permit Denied (Date):	Reason for Denial:										
Permit #:	Permit Date:	ermit Date:									
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Record Procedure Formation Formation Formation Procedure Formation Formatio	uous Lot(s))	Mitigation Required Mitigation Attached	☐ Yes ☐ No☐ Yes ☐ No	Affidavit Required ☐ Yes ☐ No ☐ Yes ☐ No							
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:		Previously Granted by Yes No		se #:							
Was Parcel Legally Created Was Proposed Building Site Delineated Yes □ No		Were Property Lines Represented by Owner Was Property Surveyed Yes No									
Culled and mentioned location has my	with Excav	e to west than	zed agent n what's lindicate	Zoning District (🗜 I) Lakes Classification (—)							
Date of Inspection: 11 - 3 - 21	Inspected by:	ld Norwoo	6	Date of Re-Inspection:							
Condition(s): Town, Committee or Board Conditions Attached? Yes No - (If No they need to be attached.) Not permitted for and shall not be used for mobile service (cell) equipment. Must not be used as a mobile service support structure until unless all provisions of Section 13-1-43 (mobile Town 5, tring Regulation) including permit and fees are secured.											
Signature of Inspector: Todd Norwer	Signature of Inspector: Todd 1 Normand 11-3-21										
Hold For Sanitary: 🗆 Hold For TBA: 🗆 _	Hold For Affic	davit: 🗌	Hold For Fees:								

Bayfield County, WI



Real Estate Bayfield County Property Listing

Today's Date: 11/3/2021

Property Status: Current

Created On: 3/15/2006 1:14:56 PM

Description	Updated: 9/26/2018
Tax ID:	5434
PIN:	04-006-2-51-05-17-4 01-000-20000
Legacy PIN: Map ID:	006110204990
Municipality:	(006) TOWN OF BAYFIELD
STR:	S17 T51N R05W
Description:	PAR IN NE SE V.882 P.992 (17.81 ACRES

Description: PAR IN NE SE V.882 P.992 (17.81 ACRES MFL-CLOSED 25 YRS-YR OF ENTRY 2005)

Recorded Acres: 19.810
Calculated Acres: 19.808
Lottery Claims: 0
First Dollar: Yes

Zoning: (F-1) Forestry-1 ESN: 105

Tax Districts

Updated: 3/15/2006

STATE

O4

COUNTY

006

TOWN OF BAYFIELD

040315

SCHL-BAYFIELD

01700

TECHNICAL COLLEGE

Recorded Documents Updated: 3/15/2006

CONVERSION

Date Recorded: 488969 749-236;882-992

Ownership	Updated: 9/28/2015
WILLIAM E HILBERT	CHILTON WI

Billing Address:Mailing Address:WILLIAM E HILBERTWILLIAM E HILBERTW4795 W JEFFERSON RDW4795 W JEFFERSON RDCHILTON WI 53014CHILTON WI 53014

Site Address * indicate	s Private Road		
26905 EAGLE ISLAND RD		BAYF	IELD 54814
Property Assessment		Update	d: 7/9/2019
2021 Assessment Detail			NAMES AND ADDRESS OF THE PARTY
Code	Acres	Land	Imp.
G1-RESIDENTIAL	2.000	14,000	41,700
W6-MFL - CLOSED AFTER 2004	17.810	16,000	0
2-Year Comparison	2020	2021	Change
Land:	30,000	30,000	0.0%
Improved:	41,700	41,700	0.0%
Total:	71,700	71,700	0.0%

Property History

N/A

Town, City, Village, State or Federal **Permits May Also Be Required**

LAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.

21-0373

Issued To:

William Hilbert

Parcel in

Location:

NE

1/4 of **SE**

Section

17

Township

51

Range 5

W.

Town of **Bayfield**

Gov't Lot

Lot

Block

Subdivision

CSM#

Commercial

For: Other:

Broadband Communication Tower (10' x 10') = 100 sq. ft. Height of 91'

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Not permitted for and shall not be used for mobile service (cell) equipment. Must not be used as a mobile service support structure until / unless provisions of Section 13-1-43 (Mobile Tower Siting Regulations) including permit and fees are secured.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE:

This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Todd Norwood, AZA

Authorized Issuing Official

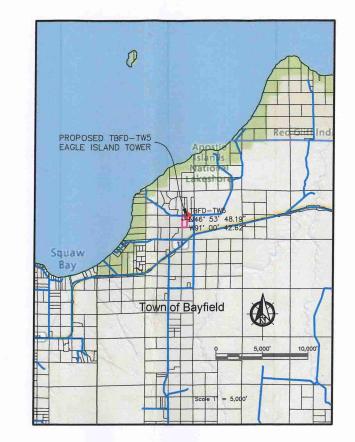
November 4, 2021

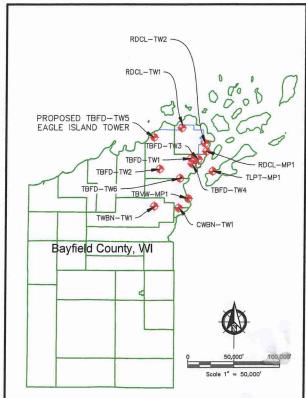
Date

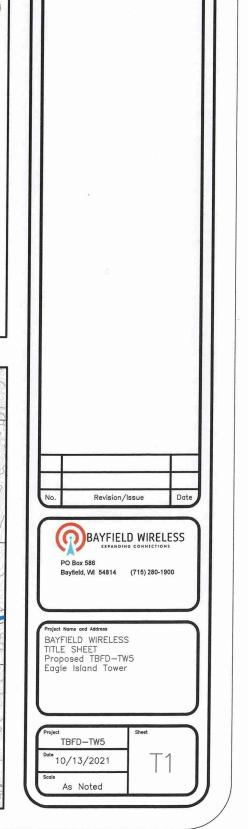
SHEET INDEX NO. TITLE T1 TITLE SHEET S1 SITE PLAN OVERVIEW S2 SITE SURVEY PLAN C1 COMPOUND PLAN C2 **FOUNDATION DETAILS TOWER ELEVATION** A1 G1 **GROUNDING PLAN**

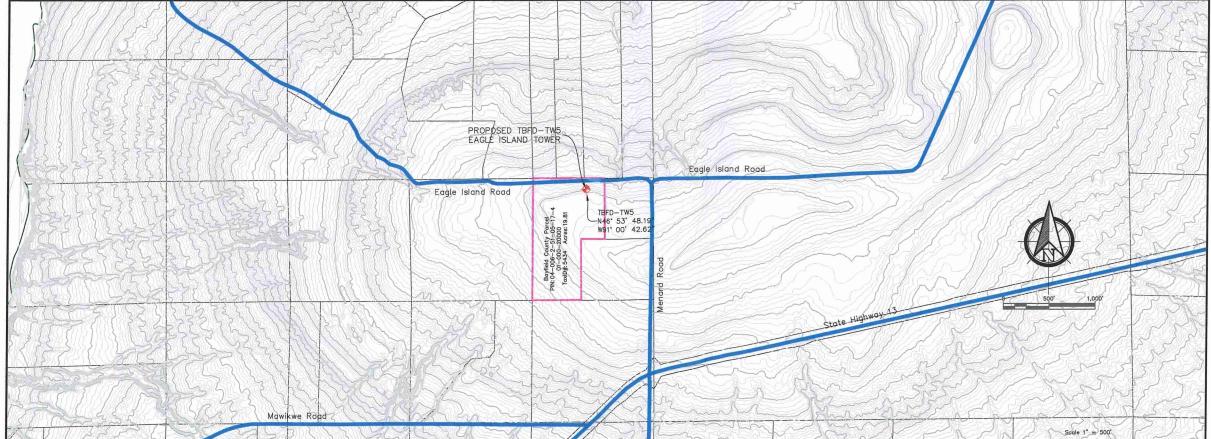
TOWER ADDRESS:

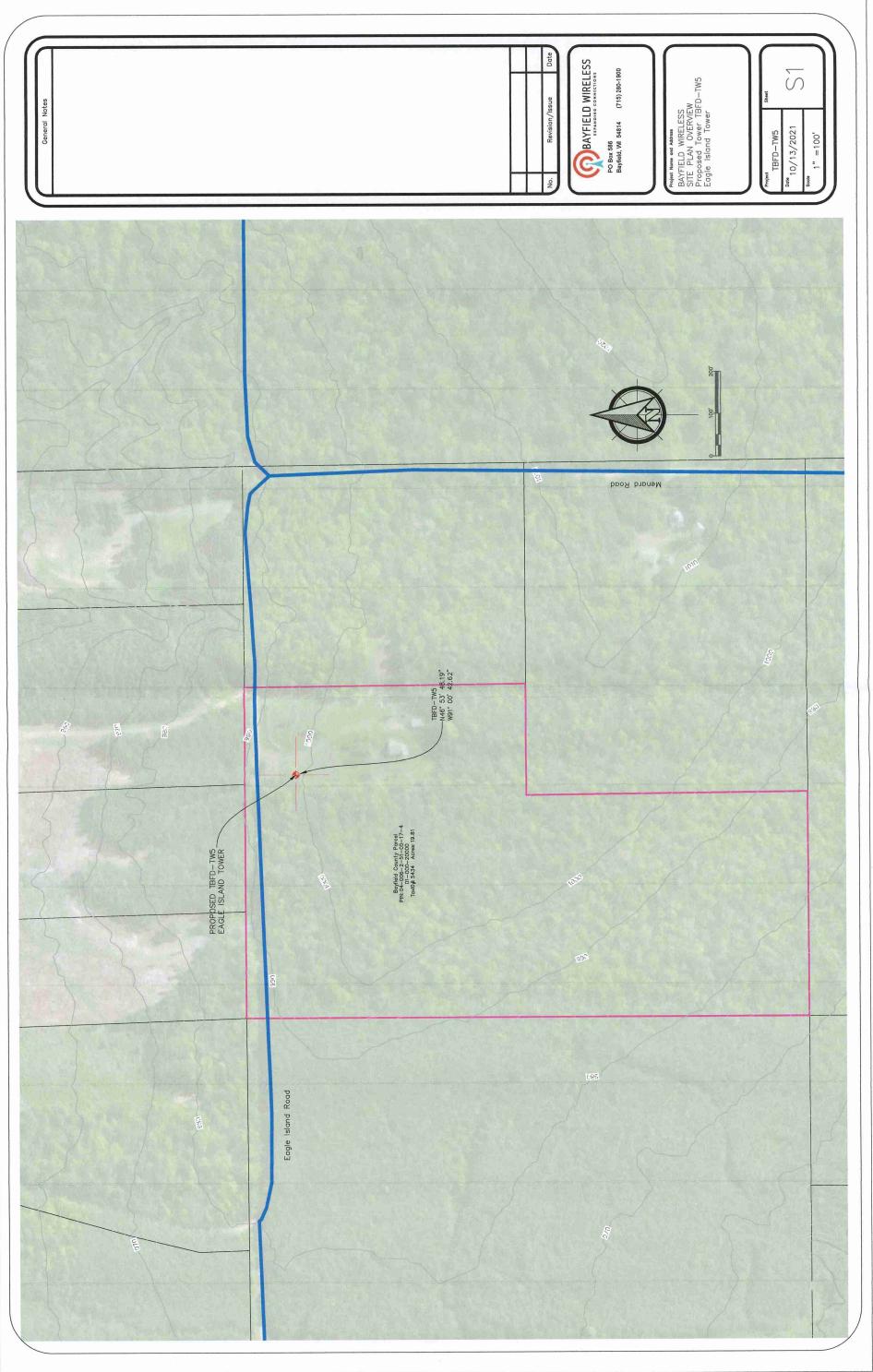
EAGLE ISLAND TOWER BAYFIELD WIRELESS 26905 EAGLE ISLAND ROAD BAYFIELD, WI 54814

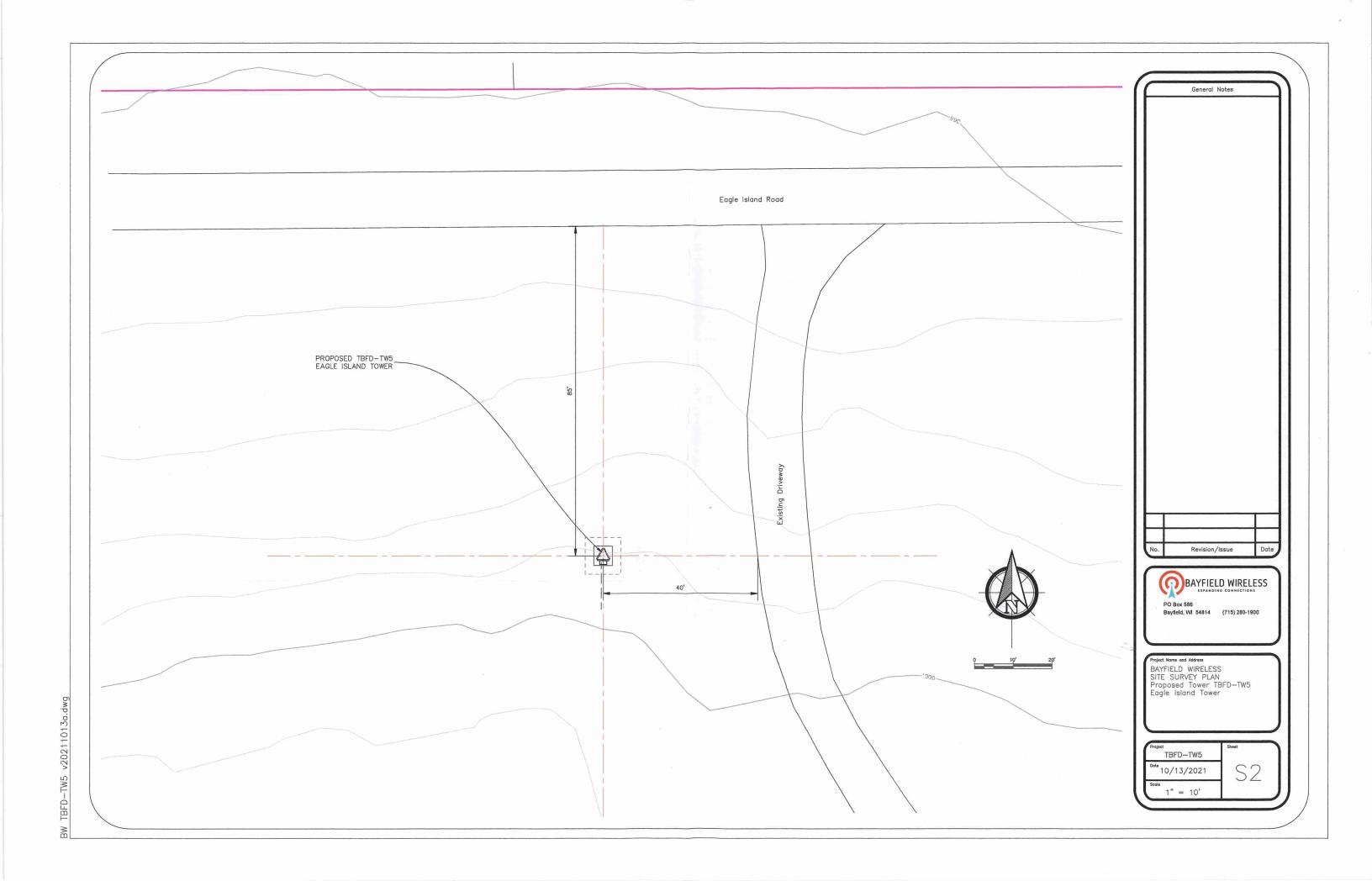


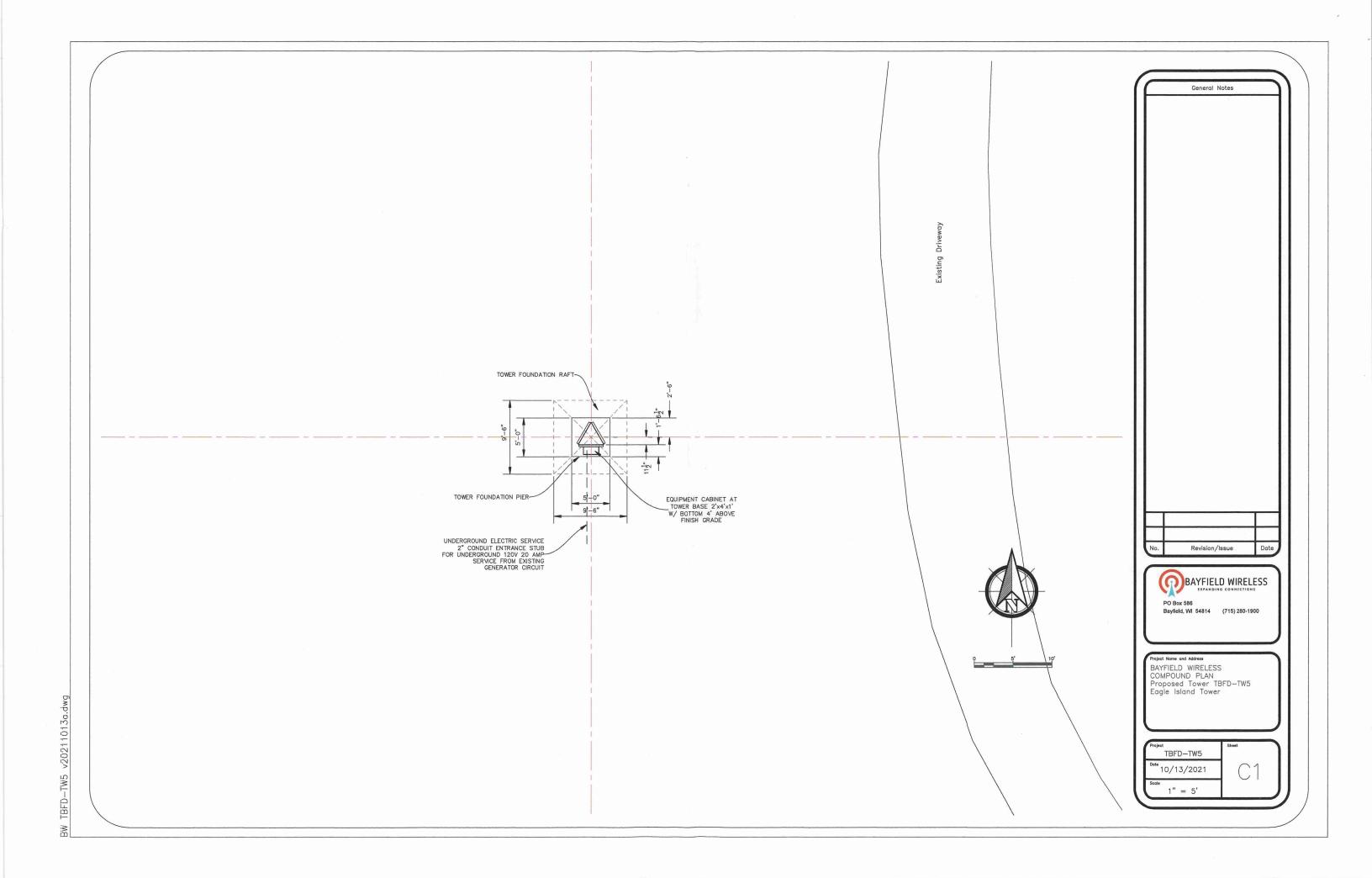


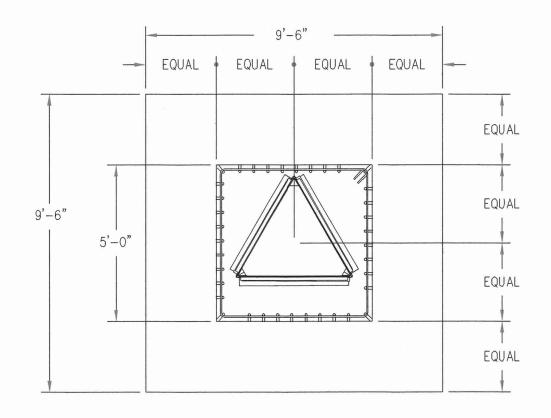


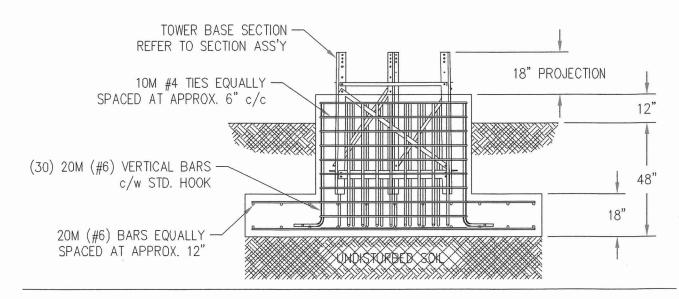












FOUNDATION NOTES:

GENERAL:

1) THE CONTRACTOR SHALL FIELD CHECK ALL DIMENSIONS AND DETAILS BEFORE PROCEEDING WITH THE WORK.

2) ALL WORKMANSHIP SHALL BE IN ACCORDANCE WITH THE LATEST ISSUE OF ACI STANDARDS.

3) FOUNDATIONS ARE DESIGNED FOR NORMAL DRY SOIL CONDITIONS.

4) NORMAL DRY SOIL CONDITIONS ARE ASSUMED WITH AN ALLOWABLE BEARING CAPACITY OF 3500psf. THESE CONDITIONS SHOULD BE VERIFIED ON SITE BY A GEOTECHNICAL CONSULTANT WHEN THE BEARING SURFACE IS EXPOSED. NOTIFY ENGINEER IF SITE CONDITIONS DO NOT COMPLY WITH DESIGN CONDITIONS.

5) THE TOWER BASE PAD SHALL BE PLACED AGAINST UNDISTURBED SOIL.

6) ALL GALVANIZED STEEL IN CONTACT WITH SOIL IS TO BE COATED WITH ROOF PATCH. CONCRETE:

1) CONCRETE CONSTRUCTION SHALL CONFORM TO THE REQUIREMENTS OF STANDARD ACI-318.

2) CONCRETE SHALL HAVE A MINIMUM COMPRESSIVE STRENGTH AT 28 DAYS OF NOT LESS THAN 3600 psi.

3) CONCRETE SHALL CONTAIN AN AIR ENTRAINING AGENT. TOTAL AIR CONTENT TO BE 5% TO 7% FOR THE SIZE OF AGGREGATE BEING USED. THE AIR ENTRAINING AGENT SHALL BE COMPATIBLE WITH THE WATER REDUCING AGENT.

4) THE MAXIMUM SIZE OF COARSE AGGREGATE SHALL BE 3/4".

5) THE USE CALCIUM CHLORIDE OR ACCELERATING ADMIXTURES IS PROHIBITED.

6) SLUMP SHALL BE 3" ± 1".

7) IF THE AIR TEMPERATURE IS 41 DEGREES F OR LESS, THE TEMPERATURE OF THE CONCRETE AT TIME OF PLACING

SHALL BE BETWEEN 59 AND 86 DEGREES F.

8) PROVIDE EFFECTIVE MEANS OF MAINTAINING THE TEMPERATURE OF CONCRETE IN PLACE AT A MINIMUM OF 50 DEGREES F AND A MAXIMUM OF 86 DEGREES F FOR THREE DAYS AFTER PLACING. WHEN THE MEAN DAILY AIR TEMPERATURE IS LESS THAN 41 DEGREES F PROVIDE PROTECTION FOR NEWLY PLACED CONCRETE BY MEANS OF SUITABLE ENCLOSURES OR RAISED COVERINGS, HEAT AND INSULATION.

9) CHAMFER EXPOSED CORNERS OF CONCRETE (APPROX. 3/4").

REINFORCEMENT:

1) CLEAN REINFORCEMENT OF ANY LOOSE SCALE, DIRT OR OTHER COATINGS WHICH WOULD DESTROY OR REDUCE BONDING. REJECT BARS WITH KINKS OR BENDS NOT SHOWN ON THE FOUNDATION DETAILS.

2) ALL REINFORCEMENT SHALL HAVE A MINIMUM OF 3" CONCRETE COVER.

3) REINFORCING STEEL SHALL BE DEFORMED BARS CONFORMING WITH ASTM A615 (GRADE 60).

BACKFILLING:

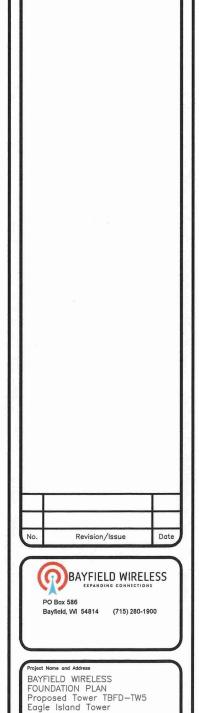
1) BACKFILL SHALL BE PLACED IN THIN LIFTS (MAXIMUM 6") AND COMPACTED TO A MINIMUM OF 95 PERCENT OF STANDARD PROCTOR MAXIMUM DRY DENSITY. IN THE EVENT THAT EXCAVATED MATERIALS ARE NOT SUITABLE FOR BACKFILL, IT SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR TO SUPPLY AND COMPACT SUITABLE CLEAN MATERIAL TO MEET THAT REQUIREMENT.

STANDARDS:

1) FOUNDATIONS ARE DESIGNED IN ACCORDANCE WITH EIA-222-F.

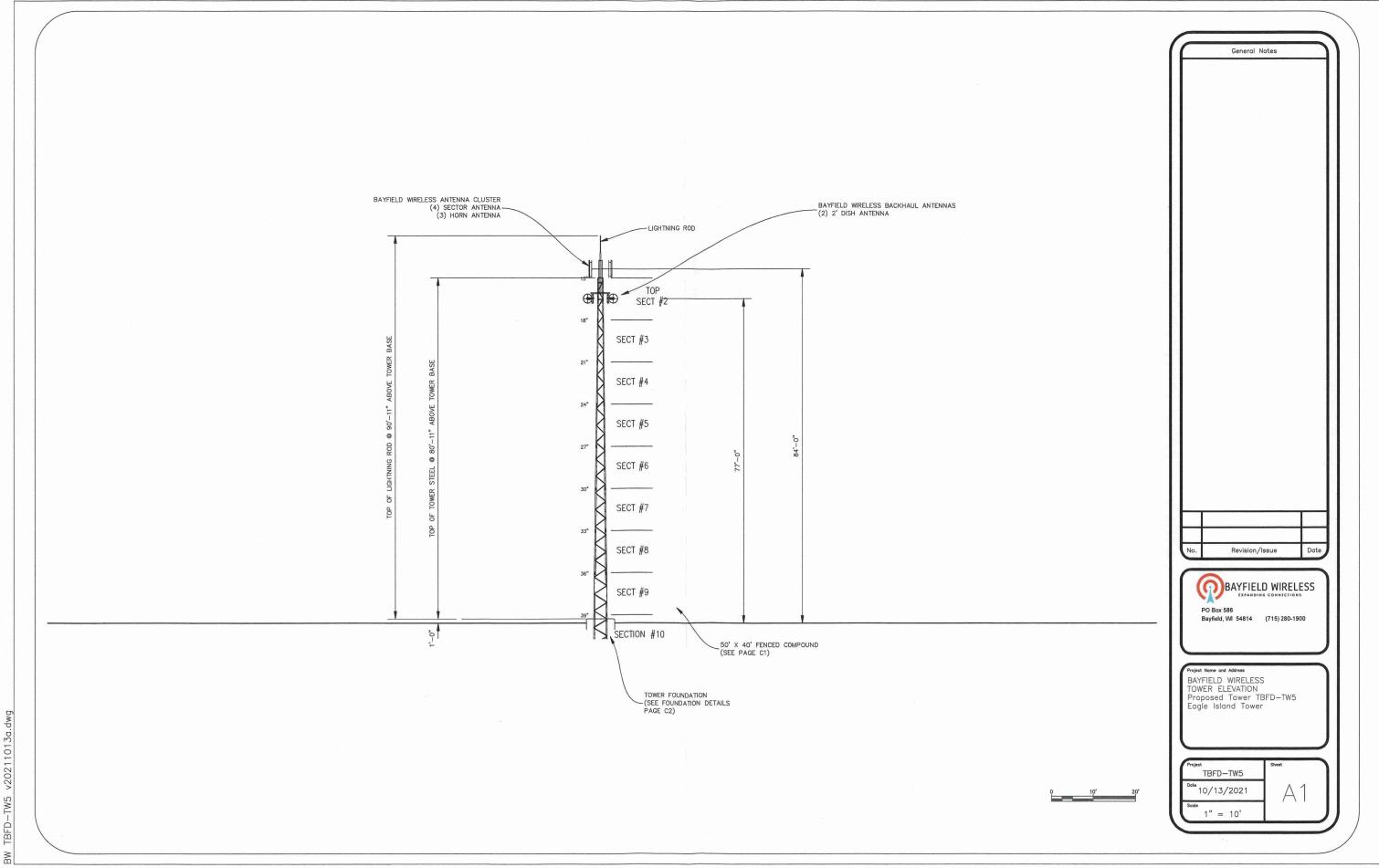
CONCRETE WORK SHALL BE ACCORDANCE WITH ACI 318.

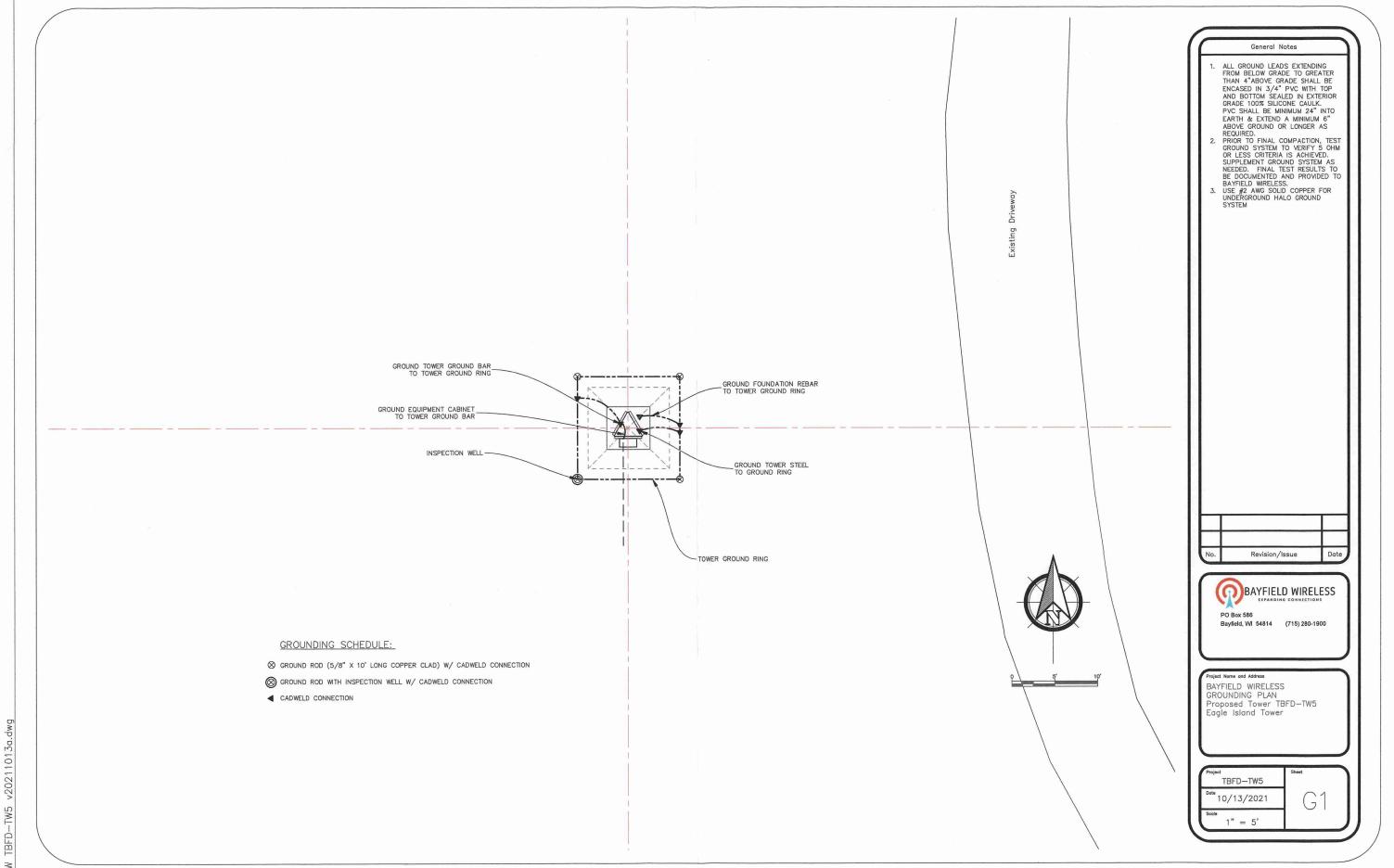
3) REINFORCEMENT FOR CONCRETE SHALL BE IN ACCORDANCE WITH ACI 318.



General Notes

TBFD-TW5	Sheet
10/13/2021	l C2
OT TO SCALE]





APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN



Permit #:	21-0379	TERED
Date:	11-10-000	
Amount Paid:	#175 (18H) K	mff
- 31 -	880 0 10 81	KMH
Refund: MW-	\$150	

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

Bayfield Co. Zoning De

DO NOT START CO	NSTRUCTIO	N UNTIL	ALL PERMITS I	HAVE BEEN ISSUI	ED TO AP	PLICANT.	. Ori	ginal A	pplication <u>M</u>	IUST be sub	mitted	FILL (OUT IN INK (<mark>N</mark>	NO PEN	ICIL)	
TYPE OF PERMIT	T REQUES	TED-		LAND USE	SAN		□ PRI	/Y [CONDITIO	NAL USE	SPECIA	L USE		OTHE		
Owner's Name: JULIE	M.	(.)11	1 iAme			ling Addi	ress:	h 5	T	City/State	Zip: 74, MN	1 00	901	Telepho	one: 218	
Address of Proper	tv:		LIAMS		2.3	Cityles	han /7:		The state of the s				- 3772			
Contractor:	ie B	LUPI			Con	tractor P	Change !	of is	Plumber:	Cb, h	11 50	1814		Cell Phone: Plumber Phone:		
SELIT							18-37	72	Plumber:					Plumbe	r Phone:	
Authorized Agent	: (Person Sig	ning Appli	ication on beha	lf of Owner(s))	Age	nt Phone	e:	- 1	Agent Ma	iling Addres	(include Cit	y/State/Zi	p):	Written		
														Authori Attache		
PROJECT						Tax ID#	#					Recorde	ed Document: (S	☐ Yes		
LOCATION	Lega	Descrip	tion: (Use T	ax Statement)			384	33	×					589		
SE NE 1/4,	NE	1/4	Gov't Lot	Lot(s)	CSM	Vol &	& Page	CSM [Doc#	Lot(s) #	Block #	Subdivis	sion:			
						ROMAGO .				8,9						
Section	Tow	nship _	50 N, R	lange <u> </u>	W		Town of:	BA	YFIEL	D		Lot Size		Acre	age 7 6.15	
	□ Is	Property	//Land withi	n 300 feet of R	iver, Str	ream (inc	cl. Intermitt	ent)	Distance St	ructure is fr	om Shorelii	ne :	Is your Proper	ty	re Wetlands	
☐ Shoreland -				of Floodplain?			ntinue -	→				feet	in Floodplain Zone?	A	Drocont2	
	□ Is	Property	//Land withi	n 1000 feet of			lowage ontinue -		Distance St	ructure is fr	om Shorelii		□ Yes		☐ Yes	
Non-Shorelan	d					yes - co	ittiilue					feet	™ No		No	
	u															
Value at Time of Completion									Total # o	f		hat Typ			Type of	
* include		Projec	t .	Project # of Storic			oject dation		bedroom	S			System(s)		vvater	
donated time & material				# 01 31011	-5	round	uation		on property			the prop on the p	orty <u>or</u> property?		on property	
	XNew	Constru	uction	☐ 1-Story		☐ Base	ement		□ 1	☐ Mu	nicipal/Cit	A STATE OF THE STATE OF			on property	
	☐ Addi	tion/Al	teration	☐ 1-Story	+	☐ Foui	ndation		X 2		w) Sanitar		fy Type:			
\$ 99K				Loft								f. Type:				
	☐ Conv	ersion		2-Story	>	Slab □ 3 □ Sanitary (Existence)						sts) Specify Type:			NONE	
		Relocate (existing bldg)						(REMERCIAL)								
			,			NAME OF TAXABLE PARTY.								gallon)		
		a Busine	,			U	Jse r Round		□	☐ Por	table (w/se	ervice cor		gallon)		
	☐ Run	a Busine	,			U	Jse r Round			☐ Por	table (w/se	ervice cor		gallon)		
Existing Structu	□ Run a	a Busine erty	ess on			U Year	r Round			☐ Por	table (w/se	ervice cor	itract)	gallon)		
Existing Structu Proposed Cons	Run : Prop	a Busine erty	ess on	siness is being a		Year	Not that the American			☐ Por	table (w/se	ervice cor		gallon)		
Proposed Cons	Run a	a Busine erty	ess on	siness is being a		Year or) L	ength:		□ None	☐ Por ☐ Cor ☐ No	table (w/se npost Toile ne	ervice con	Height:	2	.0	
	Run a	lition, alte	ess on	siness is being a		Year or) L	r Round		□ None	☐ Por ☐ Cor ☐ No	table (w/se npost Toile ne	ervice con	tract) Height:	2		
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(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application Authorized Agent:

Address to send permit

Date _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Atta

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed



In the box below: Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink – NO PENCIL

Show Location of:

Proposed Construction

(2) Show / Indicate: (3)

North (N) on Plot Plan

(4)Show:

Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)

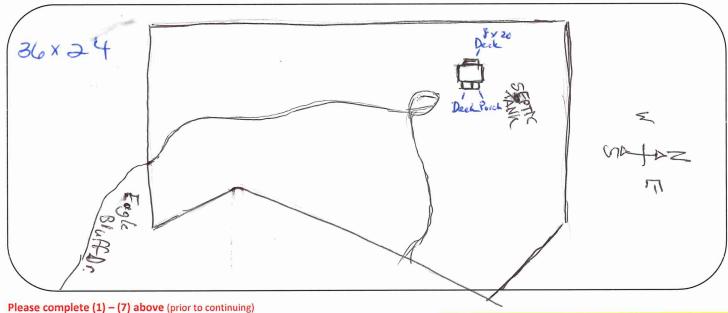
(5) Show: All Existing Structures on your Property

Show any (*): (6)

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20% Show any (*): (7)



(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Setback Measurements		Description	Setback Measurements
Setback from the Centerline of Platted Road	Feet		Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet		Setback from the River, Stream, Creek	Feet
			Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	260 Feet			
Setback from the South Lot Line	480 Feet		Setback from Wetland	Feet
Setback from the West Lot Line	81 75 Feet		20% Slope Area on the property	☐ Yes ☐ No
Setback from the East Lot Line	/DO Feet	r d	Elevation of Floodplain	Feet
	7 7 2			
Setback to Septic Tank or Holding Tank	80 Feet	1976	Setback to Well	Feet
Setback to Drain Field	Feet			
Setback to Privy (Portable, Composting)	Feet	N/E		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one prev other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For the Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:		
Permit Denied (Date):	Reason for Denial:					
Permit #: 2/-03/19	Permit Date: //-//	1-2/				
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Reco	guous Lot(s))	Mitigation Required Mitigation Attached	☐ Yes ☐ No☐ Yes ☐ No☐ No☐ No☐ No☐ No☐ No☐ No☐ No☐ No☐ N	Affidavit Required Affidavit Attached	□ Yes	No No
Granted by Variance (B.O.A.) ☐ Yes No Case #:		Previously Granted b	y Variance (B.O.A.) Cas	e #:		
Was Parcel Legally Created Was Proposed Building Site Delineated Yes N	0	Were Property Line	es Represented by Owner Was Property Surveyed	The state of the s		□ No
Inspection Record: Site Staked and	appears Cod	de Compliant		Zoning District Lakes Classification	AGI	()
Date of Inspection:	Inspected by:	ll Dorno	,]	Date of Re-Inspe	ction:	
Condition(s): Town, Committee or Board Conditions At	tached?	No they need to be atta	ached.)		·	,
Must obtain a uniform Due	ling Code (voc)	permet from	the locally C	ontracted i	mc ins	1
agency prior to start of cons	worker. Mus	y lines . Mi	ust abitcle by Pri	iny Agreemen	m cyo	9/69/
Signature of Inspector:	nord	A	ytures or recep	Tackapate of Appro	oval:	4-21
Hold For Sanitary: Hold For TBA:	Hold For Affi	davit: 🗆	Hold For Fees: 🗌	□		

TOWN BOARD RECOMMENDATION - (CLASS A - SPECIAL USE)

Residence in Ag-1 or F-1; Shoreland Grading; Short-Term Rental (1 unit); Signage; RV Ext

Date Zoning Received: (Stamp Here

When Town Foard has completed this form, please mail to:

Bayfield County Planning and Zoning Department P.O. Box 58 – Washburn, WI 54891 Phone – (715) 373-6138 Fax – (715) 373-0114 e-mail: zoning@bayfieldcounty.org

Website: www.bayfieldcounty.org/147

OCT 2/2 2021

Bayfield Co. Planning and Zoning Agency

Property Owner(s) are responsible to give this form to the Town Clerk.

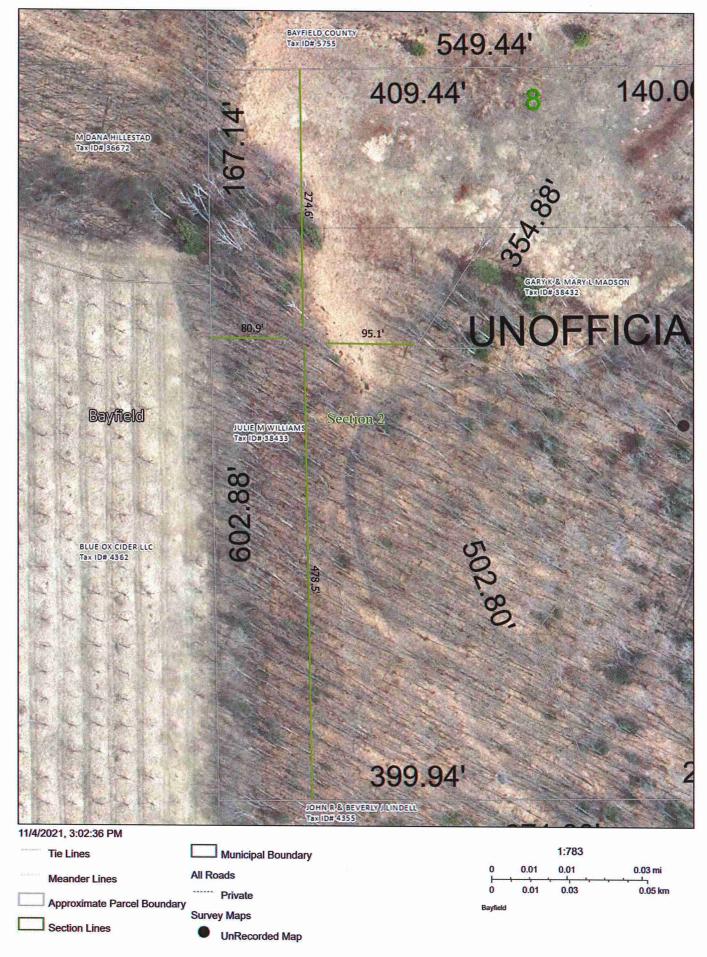
[front/back]. This is a Class A special use request. Note: The Town's Planning Commission meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. Ask Town if you should be present at their meeting(s).

Property Address Eagle Bluff Drive Author	ized Agent Hobart Finn s Telephone 218-348 3772
Telephone 218-348-3772 Written	Authorization Attached: Yes () No ()
Accurate Legal Description involved in this request (specify only the NE 1/4 of SE 1/4, Section 2, Township 50 N., Range	property involved with this application)
Govt. LotLot Block Subdivision	CSM#
Volume Page of Deeds Tax I.D# 38433	Acreage <u>8.93</u>
Additional Legal Description:	
Applicant: (State what you are asking for) Zoning District:	
Market Carlot Control	
r	
We, the Town Board, TOWN OF Bay Field	, do hereby recommend to
☐ Table	☐ Disapproval
Have you reviewed this for Compatibility with the Company	
	ve and/or Land Use Plan: ☐ Yes ☐ No
Township: (In detail clearly state Town Board's reason for recomme The Plan Commission and Town Board secommend approval.	ndation of tabling, approval or disapproval)
Township: (In detail clearly state Town Board's reason for recomme The Plan Commission and Town Board)	ndation of tabling, approval or disapproval)

Rays Auto-50849 112 8db - 715-6826505



Bayfield County, WI

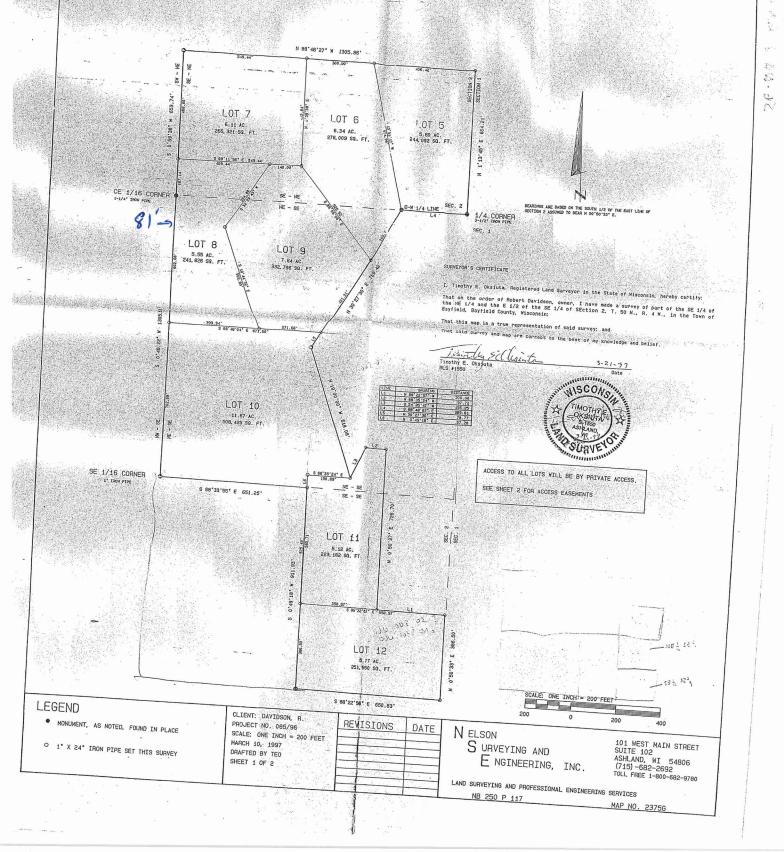


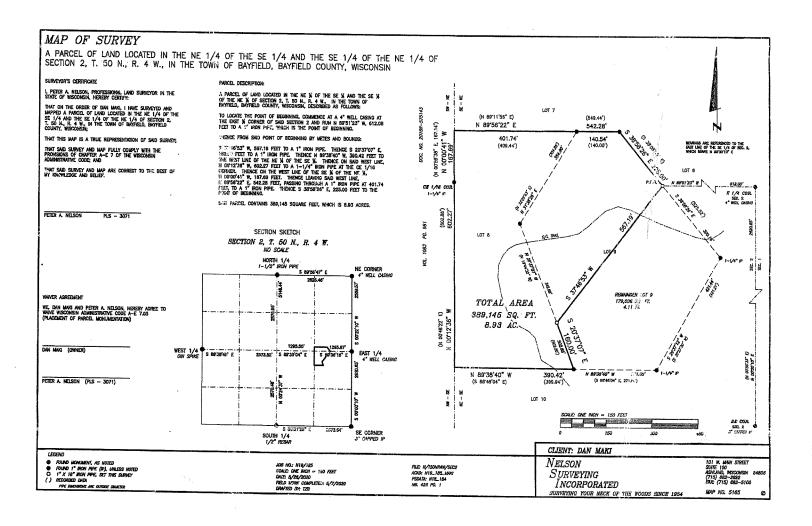
EAGLE BLUFF

LOTS 5 -12

LOCATED IN THE SE 1/4 OF THE NE 1/4 AND THE E 1/2 OF THE SE 1/4 OF SECTION 2, T. 50 N., R. 4 W., IN THE TOWN OF BAYFIELD, BAYFIELD COUNTY, WISCONSIN

Owner - Robert Davidson



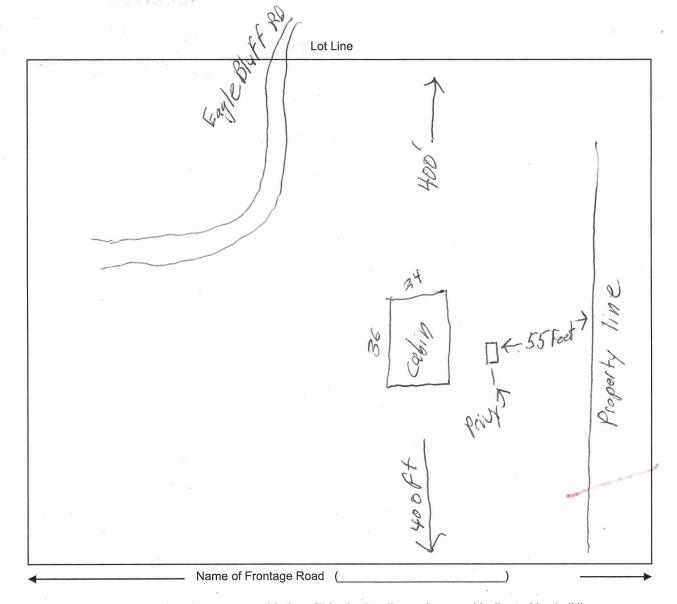


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Soud \$ 150
BAYFIELD COUNTY OCT 13 2021
Bay First County ZONING SANITARY PERMIT APPLICATION
Bayfield Co.

Zoning District H61

I. APPLICATION INFORMATION (Please Print All Information)	Soil Test Planning County No: Permit No:
Property Owner's Name:	County: Bayfield
Address of Property: Face Buff Rd	Property Location:
Property Owner's Mailing Address: 230 West 6th Street 718	NE 14 SE 14, S 2 T 50 N, R 4 E (or) W Township: Gov. Lot #:
230 West 6th Street 218 City, State, Zip Code Phone Number 55806 318-3712	Lot # Block #: CSM #: CSM Doc # Subdivision Name
II. TYPE OF BUILDING: (Check One)	TID#
State Owned Public (Explain the use/purpose 1 or 2 Family Dwelling - No. of Bedrooms	Tax ID#: 38433
III. TYPE OF PERMIT: (Check only one box on line A. Check box	on line B, if applicable)
A) New Replacement County	Private Interceptor
Reconnection Repair Revision	** Transfer of Owner (List Previous Owner below)
B) A Sanitary Permit was previously issued. <i>Previous</i>	Permit Number:Date Issued:
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replace	ments need previous permit number and date filled out above
C) Pit Privy Vault Privy (Vault size: 27)	gallons orcubic yards)
Portable Privy Camping Transfer Unit Containe	r Composting Toilets Incinerating Toilet
V. ABSORPTION SYSTEM INFORMATION:	
1. Gallons 2. Absorp. Area 3. Absorp. Area 4. Lo	ading Rate 5. Perc. Rate 6. System 7. Final Grade Elev. (Feet) Elev. (Feet)
1. Gallons Per Day 2. Absorp. Area Required (Sq.Ft.) VI. TANK INFORMATION: 2. Absorp. Area Required (Sq.Ft.) Capacity In Gallons Total # of Man	/ Day / Sq.Ft.) (Min. Inch) Elev.(Feet) Elev. (Feet) ufacturer's Prefab. Site Steel - Plastic Exper. Name Concrete Constructed
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1. Gallons Per Day 2. Absorp. Area Required (Sq.Ft.) VI. TANK INFORMATION: Capacity In Gallons New Existing Tanks Septic Tank or Holding Tank Lift Pump Tank / 2. Absorp. Area Required (Sq.Ft.) Capacity In Gallons Total Gallons Tanks Total Gallons Tanks Aman Total Tanks Man Total Tanks	/ Day / Sq.Ft.) (Min. Inch) Elev.(Feet) Elev. (Feet) ufacturer's Prefab. Site Steel - Plastic Exper. Name Concrete Constructed
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1. Gallons Per Day 2. Absorp. Area Required (Sq.Ft.) VI. TANK INFORMATION: Capacity In Gallons Total Gallons Tanks Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsite Owner's Name(s): (Print) If applying for Section C above Talks 3. Absorp. Area Proposed (Sq. Ft.) 4. Lo Gals Total Gallons Tanks Mar Total Gallons Tanks I total For Tanks Tanks And Total For Tanks Mar Tanks Tanks And Total For Tanks Tanks Mar Tanks Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsite	Ufacturer's Name Prefab. Concrete Constructed Steel Fiber glass Plastic Exper. App. Sewage system shown on the attached plans.
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1. Gallons Per Day 2. Absorp. Area Required (Sq.Ft.) VI. TANK INFORMATION: Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsite Owner's Name(s): (Print) If applying for Section A or B) above Plumber's Name: (Print) If applying for Section A or B) above Plumber's Name: (Print) If applying for Section A or B) above Plumber's Name: (Print) If applying for Section A or B) above Plumber's Name: (Print) If applying for Section A or B) above Plumber's Name: (Print) If applying for Section A or B) above Plumber's Name: (Print) If applying for Section A or B) above Plumber's Name: (Print) If applying for Section A or B) above	Mufacturer's Prefab. Concrete Constructed Steel Fiber glass Plastic App. Sewage system shown on the attached plans. Owner's Signature(s): (No Stamps) MP/MPRSW No:
1. Gallons Per Day 2. Absorp. Area Required (Sq.Ft.) 3. Absorp. Area Proposed (Sq. Ft.) 4. Lo Gals VI. TANK INFORMATION: Capacity In Gallons Total Gallons Tanks Tanks Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsite Owner's Name(s): (Print) If applying for Section C above Third William S Plumber's Name: (Print) If applying for Section A or B) above Plumber's Address: (Street, City State, Zip Code) VIII. COUNTY / DEPARTMENT USE ONLY Approved Owner Given Initial Adverse Determination	Day / Sq.Ft.) (Min. Inch) Elev.(Feet) Elev. (Feet)
1. Gallons Per Day 2. Absorp. Area Required (Sq.Ft.) VI. TANK INFORMATION: Capacity In Gallons Total Foliations Tanks Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsite Owner's Name(s): (Print) If applying for Section C above Julia M.S Plumber's Name: (Print) If applying for Section A or B) above Plumber's Address: (Street, City State, Zip Code) VIII. COUNTY / DEPARTMENT USE ONLY Approved Owner Given Initial Adverse Determination IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVI	Day / Sq.Ft. (Min. Inch) Elev.(Feet) Elev. (Feet)
1. Gallons Per Day 2. Absorp. Area Required (Sq.Ft.) 3. Absorp. Area Proposed (Sq. Ft.) 4. Lo Gals VI. TANK INFORMATION: Capacity In Gallons Total Gallons Tanks Tanks Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsite Owner's Name(s): (Print) If applying for Section C above Third William S Plumber's Name: (Print) If applying for Section A or B) above Plumber's Address: (Street, City State, Zip Code) VIII. COUNTY / DEPARTMENT USE ONLY Approved Owner Given Initial Adverse Determination	Day / Sq.Ft. (Min. Inch) Elev.(Feet) Elev. (Feet)



- 1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
- 2. Show the approximate location and size of the building.
- 3. Show the location of the well, septic tank and drain field.
- 4. Show the location of any lake, river, stream or pond if applicable.
- 5. Show the approximate location of other existing structures.
- 6. Show the approximate location of any wetlands or slopes over 20 percent.
- 7. Show dimensions in feet on the following:
 - a. Building to all lot lines
 - b Building to centerline of road
 - c. Building to lake, river, stream or pond
 - d. Septic / holding tank to closest lot line
 - e. Septic/holding tank to building
 - f. Septic / holding tank to well
 - g. Septic / holding tank to lake, river, stream or pond
 - h. Privy to closest lot line

- i. Privy to building
- j. Privy to lake, river, stream or pond
- k. Drain field to closest lot line
- I. Drain field to building
- m. Drain field to well
- n. Drain field to lake, river, stream or pond

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW

STEPS 1-7 (a-o) COMPLETELY

o. Well to building

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

send to Barfield Co. 40 Todd.

I)			Managerich terminationaled by the second sec				manus limena palita manus lancadomes mentral lencadomes	Comments of the comments of th	Appropriate terresonalists	A CHILDREN OF THE PASSAGE AND ASSAULT OF THE PAS		The same of the sa	COLUMN TEACHER STATES			CONTROL DESCRIPTION OF THE PERSON OF T
٠,	*	2	0	2	1	R	-	5	9	1	7 1	4		3	*	

	Comment of the control of the contro	* 2 0 2 1 R - 5 9 1 7 1 4 3 *
Property Owner(s):		
July Williams	and the state of t	2021R-591714
Mailing Address:	Property Address	
230 Not St Duluthin		DANIEL J. HEFFNER BAYFIELD COUNTY, WI
Legal Description:	Section, Township, Range	REGISTER OF DEEDS
NE 1/4, SE 1/4,	s 2 T 50 N, R 4 W	10/28/2021 12:05PM TF EXEMPT #:
Gov't Lot # Lot # CS	M# Vol & Page CSM Doc. #	RECORDING FEE: 30.00 PAGES: 3
Lot(s) # Block(s) # Sul	odivision	
	EagleBluff	Return To: ZONING
Tax ID# Part of	Date:	
38433	10-28-21	
1 NO PLUMBING will be installed	in the habitable building	-

- 2. NO PLUMBING includes: water closets, sinks, bathtubs or showers, laundry facilities, or any other fixture or receptacle receiving domestic waste, will be installed in the premises served by the privy unless a code compliant soil absorption system or holding tank exists, or a valid sanitary permit to install such a system has been issued.
- 3. A privy vault / pit shall maintain minimum setbacks as specified in Table 1.

Table 1	Well	Building	Lake / Stream	Additional County Setbacks
OPEN PIT	50 Ft.	15 Ft.	Min. 75 Ft.	
SEALED VAULT	25 Ft.	15 Ft.	Min. 75 Ft.	

- 4. Privies for public buildings shall comply with SPS 353.63.
- 5. Privies used for one- and two-family purposes shall be constructed in such a manner so as to exclude flies, rats and other vermin. Doors should be self-closing and vault ventilators should terminate at least one foot above the roof.
- 6. Privies as per SPS 391.12 (1) states as follows:
 - (a.) The storage chamber of a vault privy shall conform with the requirements of s. SPS 384.25 relating to holding tanks and shall have a minimum storage capacity of 200 gallons or one cubic yard.
 - (b.) The storage chamber of a pit privy shall be sited and located in soil recognized to provide treatment and dispersal in accordance with s. SPS 383.44 (4)(b).
- 7. The privy shall be kept clean and sanitary. The contents of the pit or vault shall be disposed in accordance with NR 113, Wis. Adm. Code.
- This agreement shall be binding on the owner, their heirs and assignees. This document shall be recorded by the Register of Deeds in a manner, which allows its existence to be determined by reference to the property where the privy is installed.

Printed Owner(s) Name(s)	This instrument was signed before me in the State of Wisconsin, County of Bayfield St. Lowis
Julia Williams	On this
	by: Fanelle Turne
Owner(s) Signature:	Notary Public
JAK'- 711 W	My commission expires on:
	PAMELA MAE ZIMMER §
	Notary Public-Minnesota
Rele	Willias Wy Commission Expires Sain 51, 2025

Drafted By: Ball Co. Zonia (must be filled out by person submitting form) u/forms/sanitary/pr/vyform - @June2018

PAMELA MAE ZIMMER

Nothing Pringe-Minne sola

To locate the Point of Beginning, commence at a 4" well casing at the East ¼ corner of said Section 2 and run N 89°51'23" W, 612.08 feet to a 1" iron pipe, which is the Point of Beginning.

Thence from said Point of Beginning by metes and bounds:

S 37°46'53" W, 567.19 feet to a 1" iron pipe.

Thence N 31°38'26" W, 354.90 feet to a 1" iron pipe.

Thence N 89°56'22" E, 140.54 feet to a 1" iron pipe.

Thence S 38°58'26" E, 225.00 feet to the Point of Beginning.

Said parcel is subject to all easements, reservations, and restrictions of record.

PIN: 04-006-2-50-04-02-4 01-000-24000

Legal Description of Lot 8, Eagle Bluff:

A parcel of land located in the SE ¼ of the NE ¼ and the NE ¼ of the SE ¼ of Section 2, T. 50 N., R. 4 W., in the Town of Bayfield, Bayfield County, Wisconsin, described as follows:

To locate the Point of Beginning, commence at a 3-1/2" iron pipe at the E ¼ corner of said Section 2 and run N 01°13'45" E, 654.21 feet along the east line of said Section 2 to a 1" iron pipe. Thence leaving said east line, N 88°48'27" W, 1305.86 feet to an iron pipe on the west line of said SE ¼ of the NE ¼. Thence along said west line, S 00°59'38" W, 486.60 feet to a 1" iron pipe, which is the Point of Beginning.

Thence from said Point of Beginning by metes and bounds:

Continue S 00°59'38" W, 167.14 feet to a 1-1/4" iron pipe at the CCE 1/16 corner of said Section 2.

Thence leaving the west line of said SE $\frac{1}{4}$ of the NE $\frac{1}{4}$ and along the west line of said NE $\frac{1}{4}$ of the SE $\frac{1}{4}$, S 00°48'22" W, 602.88 feet to a 1: iron pipe.

Thence leaving said west line, S 88°48'04" E, 399.94 feet to a 1" iron pipe.

Thence N 19°44'32" W, 502.80 feet to a 1" iron pipe.

Thence N 32°29'43" E, 354.88 feet to a 1" iron pipe.

Thence N 89°11'56" W, 409.44 feet to the Point of Beginning.

Together with the following described parcel:

A parcel of land located in the NE $\frac{1}{4}$ of the SE $\frac{1}{4}$ and the SE $\frac{1}{4}$ of the NE $\frac{1}{4}$ of Section 2, T. 50 N., R 4 W, in the Town of Bayfield, Bayfield County, Wisconsin described as follows:

Property History
Parent Properties

04-006-2-50-04-02-4 01-000-21000

04-006-2-50-04-02-4 01-000-22000

Real Estate Bayfield County Property Listing

Today's Date: 10/28/2021

Property Status: Current

Tax ID

<u>35478</u>

<u>35479</u>

Created On: 2/4/2021 12:02:56 PM

proteine.	
Description	Updated: 9/23/2021
Tax ID:	38433
PIN:	04-006-2-50-04-02-4 01-000-24000
Legacy PIN:	
Map ID:	
Municipality:	(006) TOWN OF BAYFIELD
STR:	S02 T50N R04W
Description:	PAR IN SE NE & NE SE IN V.1115 P.954 (UNOFFICIAL LOT 8 EAGLE BLUFF) TOG WITH & SUBJ TO EASE TOG WITH PAR IN DOC 2021R-589900
Recorded Acres:	0.000
Calculated Acres:	6.156
Lottery Claims:	0
First Dollar:	No
ESN:	105

Tax Districts	Updated: 2/4/2021
1	STATE
04	COUNTY
006	TOWN OF BAYFIELD
040315	SCHL-BAYFIELD
001700	TECHNICAL COLLEGE
047060	PIKES BAY SANITARY

l" We	
Recorded Documents	Updated: 4/9/2009
QUIT CLAIM DEED	
Date Recorded: 7/22/2021	2021R-589900
QUIT CLAIM DEED	
Date Recorded: 12/29/2020	2020R-586276
E TERMINATION OF DECEDENT'S	THITEDEST

Date Recorded: 5/22/2020	

TRANSFER ON DEATH TO BENEFICIARY
Date Recorded: 4/13/2020 2020R-571730

WARRANTY DEED

Date Recorded: 10/10/2013

2013R-551769 1115-954

2020R-582229

■ LAND CONTRACT

Date Recorded: 10/6/2008

HISTORY Expand All History

2008R-523199 1004-2

Tax ID: 4357 **Pin:** 04-006-2-50-04-02-4 01-000-20000 **Leg. Pin:** 006100709008

Tax ID: 35478 **Pin:** 04-006-2-50-04-02-4 01-000-21000

38433 This Parcel

Parents

White=Current Parcels

Children

Pink=Retired Parcels

Ownership		Updated:	: 9/23/2021
JULIE M WILLIAMS		TOTAL NATIONAL PROPERTY OF THE	DULUTH MN
Billing Address:	Mailing A	Address:	
JULIE M WILLIAMS		WILLIAMS	
230 W 6TH ST	230 W 6T		
DULUTH MN 55806	DULUTH I	4N 55806	
N/A Property Assessment	s Private Road	Updated:	3/30/2021
N/A	s Private Road	Updated:	3/30/2021
N/A Property Assessment 2021 Assessment Detail	s Private Road Acres	Updated:	3/30/2021 Imp .
N/A Property Assessment 2021 Assessment Detail Code		THE CONTRACT CONTROL OF STREET,	Basilen Princip (s. 18 february 1970) e e e e e e e de e e e e e e e e e e e
Property Assessment 2021 Assessment Detail Code G1-RESIDENTIAL	Acres	Land	Imp.
Property Assessment 2021 Assessment Detail Code G1-RESIDENTIAL G6-PRODUCTIVE FOREST	Acres 2.000	Land 42,500 5,400	Imp. 0
Property Assessment 2021 Assessment Detail Code G1-RESIDENTIAL G6-PRODUCTIVE FOREST 2-Year Comparison	Acres 2.000 4.156 2020	Land 42,500 5,400	Imp. 0 0 Change
Property Assessment 2021 Assessment Detail Code G1-RESIDENTIAL G6-PRODUCTIVE FOREST 2-Year Comparison Land:	Acres 2.000 4.156 2020 0	Land 42,500 5,400 2021 47,900	Imp. 0 0 Change 100.0%
N/A Property Assessment	Acres 2.000 4.156 2020	Land 42,500 5,400	Imp.

Property Assessment

2021 Assessment Detail

G6-PRODUCTIVE FOREST

2-Year Comparison

G1-RESIDENTIAL

Code

Land:

Total:

Improved:

Real Estate Bayfield County Property Listing

Today's Date: 10/1/2021

Property Status: Current

Updated: 3/30/2021

Imp.

Change

100.0%

100.0%

0.0%

0

0

Land

42,500

5,400

2021

47,900

47,900

0

Created On: 2/4/2021 12:02:56 PM

Acres

2.000

4.156

2020

0

0

0

Description	Updated: 9/23/2021	Ownership	Updated: 9/23/2021
Tax ID:	38433	JULIE M WILLIAMS	DULUTH MN
PIN:	04-006-2-50-04-02-4 01-000-24000		

Legacy PIN: **Billing Address: Mailing Address:** Map ID: **JULIE M WILLIAMS JULIE M WILLIAMS** Municipality: 230 W 6TH ST (006) TOWN OF BAYFIELD 230 W 6TH ST DULUTH MN 55806 DULUTH MN 55806 STR: S02 T50N R04W

Description: PAR IN SE NE & NE SE IN V.1115 P.954 (UNOFFICIAL LOT 8 EAGLE BLUFF) TOG Site Address * indicates Private Road WITH & SUBJ TO EASE TOG WITH PAR

IN DOC 2021R-589900 Recorded Acres: 0.000 Calculated Acres: 6.156 Lottery Claims: 0 First Dollar: No ESN: 105

Tax Districts	Updated: 2/4/2021
1	STATE
04	COUNTY
006	TOWN OF BAYFIELD
040315	SCHL-BAYFIELD
001700	TECHNICAL COLLEGE
047060	PIKES BAY SANITARY

Can.		Property History				
Recorded Documents	Updated: 4/9/2009	Parent Properties	Tax ID			
QUIT CLAIM DEED	то досто на применения	<u>04-006-2-50-04-02-4 01-000-21000</u>	<u>35478</u>			
Date Recorded: 7/22/2021	2021R-589900	04-006-2-50-04-02-4 01-000-22000	35479			

2020R-582229

TERMINATION OF DECEDENT'S INTE	REST
Date Recorded: 12/29/2020	2020R-586276
QUIT CLAIM DEED	
Date Recorded: 7/22/2021	2021R-589900
QUIT CLAIM DEED	

TRANSFER ON DEATH TO BENEFICIARY

Date Recorded: 4/13/2020 2020R-571730

WARRANTY DEED

Date Recorded: 5/22/2020

Date Recorded: 10/10/2013 2013R-551769 1115-954

LAND CONTRACT

Date Recorded: 10/6/2008 2008R-523199 1004-2

HISTORY Expand All History White=Current Parcels Pink=Retired Parcels

Tax ID: 4357 Pin: 04-006-2-50-04-02-4 01-000-20000 Leg. Pin: 006100709008 **Tax ID:** 35479 **Pin:** 04-006-2-50-04-02-4 01-000-22000

Tax ID: 4357 **Pin:** 04-006-2-50-04-02-4 01-000-20000 **Leg. Pin:** 006100709008

Tax ID: 35478 **Pin:** 04-006-2-50-04-02-4 01-000-21000

38433 Parents **This Parcel** Children

Town, City, Village, State or Federal Permits May Also Be Required

LAND USE – X
SANITARY – Privy
SIGN –
SPECIAL –TBA (Town of Bayfield-10/22/2021)
CONDITIONAL –

completed or if any prohibitory conditions are violated.

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

								0 : : 0		
No.	21-0379	Issued To:	Julie V	Villiams						
Parcel Location		SE ¼ Se		Township ther with pa			Range 21R-5899		Town of	Bayfield
Gov't Lo	ot Lot	t	Block	S	ubdivisio	า			CSM#	
Reside For: Re	esidence: [2-Stor Height	y], <u>Resider</u> of 20' and V claimer): An	aulted Pi	rivy (275 G	allon)					3' x 20').
Condi	must be a		ior to star om all pr	rt of constr	uction.	Mus	t meet a	nd main	tain setba	acks. Structure
NOTE:	This permit expires one year from date of issuance		f issuance if	f the authorized construction		Todd Norwood, AZA				
	work or land use has not begun. Changes in plans or specifications shall not be made			0 11			Authorized Issuing Official			
	This permit may be void or revoked if any of the app to have been misrepresented, erroneous, or incomp						November 10, 2021			
	This permit may be void	or revoked if any	y performanc	e conditions are	e not				Date	